

Assessing Alcohol and Drug Problems in Returning Veterans: A Recommended Battery for Treatment Planning

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Outline of the Presentation

- The role of assessment in planning substance abuse interventions
- Recommended measures
- Principles of feedback
- Components of effective alcohol treatment

Why use *formal* assessment--Some problems with person perception

- Too much attention to individual differences
- Influence of rater mood
- Selection of information and inferences drawn
- Implicit theories of personality and behavior
- Halo effects (e.g. physical appearance)
- Primary and recency confounds
- Stereotyping and expectations
- Leniency and strictness
- Central tendency error

Values of Psychometric Assessment of Substance Abuse

- Economy, validity, and flexibility
- Provides a framework for considering relevant issues
- Improves communication among clinicians
- Patients value assessment
- Feedback on assessment results can enhance motivation to change
- A data-base consisting of results on measures program wide can inform future program development

Recommended Measures for Veterans with Alcohol Problems

- Alcohol Use Disorders Identification Test (AUDIT)
- Substance Abuse Dependency Data (SADD)
- Drinker Inventory of Consequences (DrInC)
- Comprehensive Effects of Alcohol Questionnaire (CEoA)
- Readiness to Change Questionnaire (RTCQ)

Recommended Measures for Veterans with Drug Problems

- Drug Abuse Screening Test (DAST)
- Substance Dependence Severity Scale (SDSS)
- Inventory of Drug Consequences (InDUC)
- Inventory of Drug Taking Situations (IDTS)
- Stages of Change and Treatment Readiness Scale (SOCRATES)

Stages of Assessment

- Screening
- Diagnosis
- Triage
- Intervention Planning
- Outcome Monitoring

Alcohol Instrument by Stage of Assessment

- Screening (AUDIT)
- Diagnosis
- Triage (SADD)
- Intervention Planning (DrInC, CEoA, RTCQ)
- Outcome Monitoring

The Alcohol Use Disorders Identification Test (AUDIT)

AUDIT Qualities

The AUDIT does not appear to be influenced by ethnicity, but may be less sensitive for females unless a lower cut point is used. Little research has been done on its use with adolescents, although it does well with college students.

Alcohol Use Disorders Identification Test (AUDIT): An Excellent Self Report Screen

- Ten items, takes 2 minutes to administer and score
- Use orally, in writing, or via computer
- Can embed in general health survey
- Identifies *hazardous* and *harmful* drinking
- Focus on past year
- Very good sensitivity and specificity with most groups
- A valid shorter version exists (AUDIT-C)
- Generally superior to other measures and clinical impression
- Responses to items 1-3 can serve as basis of motivational interviewing
- Validity doesn't seem to be influenced by psychopathology
- Usual cutoff is 8 points , but consider using lower cutoff (probably 6 points) with women, older people, and younger people

AUDIT Conceptual Dimensions

- Items 1-3 deal with drinking behavior per se
- Items 4-8 deal with alcohol dependence
- Items 9-10 deal with adverse consequences

Moderate Drinking Guidelines

For men: Not more than 3 drinks/day or 20 drinks/wk

For women: Not more than 2 drinks/day or 12 drinks/wk

Exceptions:

Women who are pregnant or trying to get pregnant

People using heavy machinery

People using certain medications

Recovering alcoholics

Older people

Substance Abuse Dependency Data (SADD)

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- Brief instrument designed to measure cardinal features of the dependence syndrome
- With successful interventions scores decline on alcohol dependence
- Can help determine intensity of treatment needed and abstinence goal

Cardinal Features of the Dependence Syndrome

- Tolerance
- Withdrawal
- Impaired control
- Previous unsuccessful attempts to reduce drinking
- Preoccupation with drinking or avoiding withdrawal
- Narrowing of the behavioral repertoire
- Continued use despite awareness of problems

Drinking Inventory of Consequences (DrInC)

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- Assesses some adverse consequences of drinking (Inclusion of items relevant to women)
- Two forms - “Lifetime” and “Recent” (i.e. past 3 mos.)
- Test administration time – 5 minutes
- Normative sample - 1389 MATCH patients
- Modest correlation with consumption
- Good 2 day test-retest stability
- Volume 4 of Project MATCH Monograph Series describes DrInC

DrInC Subscales of Consequences

- Physical
- Intrapersonal
- Social Responsibility
- Interpersonal
- Impulse Control

DrInC Administration Issues

- In discussing results with patients note that the norm group consists of *patients entering alcohol treatment*
- Consider periods of institutionalization in lowering recent consequences scores

Comprehensive Effects of Alcohol Questionnaire (CEoA)

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- Seven Expectancy Scales
 - Sociability
 - Tension reduction
 - “Liquid courage”
 - Sexuality
 - Cognitive and behavioral impairment
 - Risk and aggression
 - Self-perception

Comprehensive Effects of Alcohol Questionnaire (CEoA)

- Much research on reliability/validity and values are high.
- Identifies personal beliefs about positive and adverse consequences of drinking.
- Assumed positive consequences are associated with onset of heavy drinking: assumed negative ones, however, are associated with treatment entry.
- Can serve as a basis for motivational interviewing.
- Can aid in developing an intervention.
- Higher scores on expectancy for adverse consequences are associated with relapse.

Readiness to Change Questionnaire (RTCQ)

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Measures three stages of “readiness to change”

- Precontemplation
- Contemplation
- Action

Premises about Motivation

- Key element in treatment efficacy
- Involves internal and external factors
- Fluctuating and cyclic
- Can be influenced by the therapist (e.g. empathy versus confrontation)
- Intervention appropriate for the individual is related to degree of readiness to change

Principles of Giving Feedback on Test Results (1)

- Consider validity of measure (Test is a sample of behavior)
- Directness—Maintain eye contact
- Be encouraging
- Comment on unique aspects of profile
- Go slowly
- Use graphic presentations
- Mix positive feedback with negative feedback

Principles of Giving Feedback on Test Results (2)

- Relate results to drinking
- Elicit comments/examples
- Encourage patient to summarize comments
- Show how test results contribute to intervention plan
- Clarify and confirm action plan



Components of Effective Alcohol Treatment

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- Elements within the intervention itself
- The social context of the client
- The specific intervention employed

Effective Elements of the Intervention Itself

- Fidelity to the treatment protocol
- Counselor empathy
- Active involvement of the client
- Treatment intensity
- Involvement of the significant other
- Providing a menu of treatment options to the client
- Addressing the client's needs in major domains of life functioning

Common Elements of Effective Brief Interventions

- Feedback on risk/impairment
 - Responsibility for change belongs to patient
 - Advice to change
 - Menu of alternative strategies for changes
 - Empathic counseling style
 - Self-efficacy and optimism enhanced
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- Follow-up itself may help
 - Patient degree of readiness may relate to choice of treatment

Social Context of the Client

- Support for abstinence from the workplace and social support network
- Improvements in the client's quality of life after treatment

Specific Intervention Employed: Evidence Based Interventions

- Cognitive-behavioral treatment
- Community reinforcement approach
- Motivational interviewing
- Relapse prevention
- Social skills training